

Fill in this information to identify the case:

Debtor name R.B. Dwyer Co., Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known) 1:23-bk-01420

Check if this is an amended filing

Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 10,124,513.65

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 10,124,513.65

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 2,269,234.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 564,759.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 5,803,045.52

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 8,637,038.52

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Citizens Business Bank</u>	<u>Checking Account ending in 0503</u>	<u>0503</u>	<u>\$17,037.73</u>

3.2. <u>Citizens Business Bank</u>	<u>Checking Account ending in 3048</u>	<u>3048</u>	<u>\$4,419.79</u>
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3.3. <u>Citizens Business Bank</u>	<u>Checking Account ending in 3021</u>	<u>3021</u>	<u>\$0.00</u>
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4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$21,457.52

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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No. Go to Part 4.
 Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>1,307,714.03</u>	-	<u>175,904.42</u> =	<u>\$1,131,809.61</u>
	face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,131,809.61

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. **Raw materials**

20. **Work in progress**

21. **Finished goods, including goods held for resale**
Inventory 12/31/22 \$0.00 \$2,408,329.09

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$2,408,329.09

24. **Is any of the property listed in Part 5 perishable?**

No
 Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No
 Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. **Office furniture**40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**
See attached list for detail.Unknown\$497,291.8042. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$497,291.8044. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. Truck	\$5,826.00
GMC Pick-up Truck	\$53,144.00
International Truck	\$72,483.00
MBZ S 500 Used	\$47,065.00
2017 Ford F150 Raptor	\$78,636.00

Unknown\$257,154.0048. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

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See attached list for detail. Unknown \$5,808,471.63

51. **Total of Part 8.** **\$6,065,625.63**
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
 No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
 No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Part 12: Summary**In Part 12 copy all of the totals from the earlier parts of the form**

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$21,457.52</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,131,809.61</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$2,408,329.09</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$497,291.80</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$6,065,625.63</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$10,124,513.65</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$10,124,513.65</u>

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Crestmark, Div. of Metabank

Creditor's Name

**5480 Corporate Drive
Suite 350
Troy, MI 48098**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
All assets set forth in Schedule A/B (1st position)

Column A

Amount of claim

Do not deduct the value of collateral.

\$1,733,839.00

Column B

Value of collateral that supports this claim

\$0.00

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

2.2 Oxygen Funding, Inc.

Creditor's Name

**9 Orchard Road
Suite 101
Lake Forest, CA 92630**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien
All assets set forth in Schedule A/B (2nd position)

\$191,934.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

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No
 Yes. Specify each creditor,
including this creditor and its relative
priority.

Contingent
 Unliquidated
 Disputed

2.3	Retail Capital, LLC Creditor's Name 1501 W. Fountainhead Parkway Suite 630 Tempe, AZ 85282 Creditor's mailing address	Describe debtor's property that is subject to a lien Accounts receivable only (3rd position)	\$343,461.00	\$0.00
<p>Describe the lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>				
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.			\$2,269,234.0 0	

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1	\$336,224.00	Unknown
Priority creditor's name and mailing address CA Franchise Tax Board P.O. Box 942840 Sacramento, CA 94240-0040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: 2021 Income Tax	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2	\$228,535.00	Unknown
Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: 2021 Income Tax	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	R.B. Dwyer Co., Inc.	Case number (if known)	1:23-bk-01420
Name			
3.1	Nonpriority creditor's name and mailing address A B GRAPHIC INTERNATIONAL 2755 PINNACLE DRIVE ELGIN, IL 60124	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$133.74
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address ACTEGA NORTH AMERICA, INC. 1450 TAYLORS LANE CINNAMINSON, NJ 08077	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,616.64
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address ADVANCED ROLLER CO. 212 LEWIS COURT CORONA, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$425.61
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address ALL PRINTING RESOURCES, INC 140 WEST LAKE DR GLENDALE HEIGHTS, IL 60139	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$87.05
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address AMERI-SEAL/FORMOSA PACKAGING COMPANY 25636 Avenue Stanford VALENCIA, CA 91355	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,045.29
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address AMERICAN EXPRESS #21004 PO BOX 0001 LOS ANGELES, CA 90096-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$98,464.94
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address AMERICAN EXPRESS #49002 PO BOX 0001 LOS ANGELES, CA 90096-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28,499.86
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.8	Nonpriority creditor's name and mailing address AMERICAN NON STOP LABEL CORP 930 S WANAMAKER AVE ONTARIO, CA 91761	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,674.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.9	Nonpriority creditor's name and mailing address BALL METAL BEVERAGE CONTAINER CORP 10 LONGS PEAK DRIVE BROOMFIELD, CO 80021	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$57,539.38
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.10	Nonpriority creditor's name and mailing address BDP INTERNATIONAL, INC. P.O. BOX 8500-2295 PHILADELPHIA, PA 19178-2295	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12,265.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.11	Nonpriority creditor's name and mailing address BEARINGS & DRIVES, INC. 1581 N. ORANGETHORPE WAY ANAHEIM, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,296.38
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.12	Nonpriority creditor's name and mailing address BENISON & CO., LTD 5F, NO.278 CHUNG HSIAO E. ROAD SEC 4 TAIPEI, TAIWAN ROC	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$212,391.79
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.13	Nonpriority creditor's name and mailing address BEVSOURCE, INC. 219 LITTLE CANADA ROAD E., STE 100 ST PAUL, MN 55117	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,707.40
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.14	Nonpriority creditor's name and mailing address California Choice Benefit AAM 7215 Parker Street Suite 200 Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,512.31
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.15	Nonpriority creditor's name and mailing address CERTIFIED ENTERPRISES INC. 555 S ROSE STREET ANAHEIM, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$804.37
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address CHANGE NAME TO PRINT CHECK 13405 IMMANUEL RD., BLDG 2 PFLUGERVILLE, TX 78660	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,322.40
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address CINTAS PO BOX 29059 PHOENIX, AZ 85038-9059	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,794.16
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address CITIBUSINESS CARD #8784 PO BOX 6004 SIOUX FALLS, SD 57177-6004	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,692.28
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address CRYSTAL VISION PKG SYSTEMS 23870 HAWTHORNE BLVD TORRANCE, CA 90505	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,336.79
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address CUSTOM SHEET METAL 2850 E. GRETNA LN UNIT G ANAHEIM, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,350.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address CYBERTRUST SOLUTIONS, INC. 23 SPECTRUM POINTE DR. SUITE 202 LAKE FOREST, CA 92630	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$33,928.97
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	R.B. Dwyer Co., Inc.	Case number (if known)	1:23-bk-01420
Name			
3.22	Nonpriority creditor's name and mailing address DIAZ PALLETS LLC 7734 HALL AVE CORONA, CA 92880	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,000.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.23	Nonpriority creditor's name and mailing address DYNASTY CAPITAL 26, LLC 700 Canal Street, 1st Floor Stamford, CT 06902	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$231,436.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.24	Nonpriority creditor's name and mailing address ECHO GLOBAL LOGISTICS INC. 600 W CHICAGO AVE., STE. 725 CHICAGO, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,948.40
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.25	Nonpriority creditor's name and mailing address EMC MARKETING COMPANY 1145 CAMBBRIDGE STREET NOVATO, CA 94947	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$38,419.51
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.26	Nonpriority creditor's name and mailing address FEDERAL EXPRESS P.O. BOX 7221 PASADENA, CA 91109-7321	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$116.89
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.27	Nonpriority creditor's name and mailing address FEDEX FREIGHT DEPT LA PO BOX 21415 PASADENA, CA 91185	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$119,007.69
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.28	Nonpriority creditor's name and mailing address FILEMON MORA MONCADA/MORA LANDSCAPING 1262 E. ARIZONA PL ANAHEIM, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,900.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	R.B. Dwyer Co., Inc.	Case number (if known)	1:23-bk-01420
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3.29	Nonpriority creditor's name and mailing address FIRST CLASS FREIGHT SYSTEMS LT 17 MEANDERING TRAIL SCARBOROUGH, ON M1B 6E8	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,825.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address FLEXCRAFT INDUSTRIES PO BOX 2098 NEWARK, NJ 07114	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,702.06
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address G & D TRANSPORTATION 1442 W 16TH STREET LONG BEACH, CA 90813	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18,081.14
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address GATES PACKAGING, INC. 18304 LAKEPOINT CIRCLE POINT VENTURE, TX 78645	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20,769.54
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	Nonpriority creditor's name and mailing address Graphbury Smart Solutions, LLC 1127 Royal Palm Beach Blvd. # 331 West Palm Beach, FL 33411	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$670.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address H & M FOUNDRY,INC. 5615 LEEDS ST. SOUTH GATE, CA 90280	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,192.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address H2O BACKFLOW SERVICE 120 W. CARRIAGE DRIVE UNIT E SANTA ANA, CA 92707	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$455.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.36	Nonpriority creditor's name and mailing address HD DYNAMIC SOFTWARE SOLUTIONS 31878 DEL OBISPO, SUITE 118-480 SAN JUAN CAPISTRANO, CA 92675	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$262.50
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.37	Nonpriority creditor's name and mailing address HEWLETT-PACKARD FINANCIAL SERV P.O. BOX 402582 Atlanta, GA 30384-2582	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$407,873.59
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.38	Nonpriority creditor's name and mailing address HEWLETT-PACKARD FINANCIAL SERV P.O. BOX 402582 Atlanta, GA 30384-2582	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140,974.59
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: Promissory Notes		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.39	Nonpriority creditor's name and mailing address HISHI PLASTICS USA INC 600-F Ryerson LINCOLN PARK, NJ 07035	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,159.75
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.40	Nonpriority creditor's name and mailing address HOLLYWOOD DELIVERY SERVICE, IN 2828 S. WILLOW AVENUE BLOOMINGTON, CA 92316	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$759.98
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.41	Nonpriority creditor's name and mailing address ILINK BUSINESS MANAGEMENT 8590 UTICA AVE., SUITE 100 RANCHO CUCAMONGA, CA 91730	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$114,569.30
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.42	Nonpriority creditor's name and mailing address INDIGO AMERICA, INC. PO BOX 415573 BOSTON, MA 02241-5573	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$241,222.56
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.43	Nonpriority creditor's name and mailing address INLAND LABEL AND MARKETING SERVICE, LLC 2009 West Avenue South LA CROSSE, WI 54601	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,351.03
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.44	Nonpriority creditor's name and mailing address INLAND PAPER COMPANY P.O. BOX 3940 ONTARIO, CA 91761-0987	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,925.20
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.45	Nonpriority creditor's name and mailing address JAMES DWYER 409 Goldenrod Avenue Corona Del Mar, CA 92625	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$664,189.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.46	Nonpriority creditor's name and mailing address KAMPS PALLETS 100 N. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,244.95
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.47	Nonpriority creditor's name and mailing address KARLVILLE DEVELOPMENT USA, INC 3600 NW 59TH ST MIAMI, FL 33142	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,390.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.48	Nonpriority creditor's name and mailing address KLOCKNER PENTAPLAST RECEIVABLE 3585 KLOCKNER ROAD GORDONSVILLE, VA 22942	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$94,241.24
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.49	Nonpriority creditor's name and mailing address MARSH & MCLENNAN AGENCY PO BOX 9496 NEW YORK, NY 10087-4496	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,250.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.50	Nonpriority creditor's name and mailing address MCFADDEN-DALE HARDWARE CO 129 N. MAPLE STREET UNIT C CORONA, CA 92880	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45.90
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.51	Nonpriority creditor's name and mailing address MS INDUSTRIAL 2406 CAMINO GALEON SAN CLEMENTE, CA 92673	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$247,951.58
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.52	Nonpriority creditor's name and mailing address NAVISTAR CAPITAL PO BOX 71810 CHICAGO, IL 60694-1810	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,740.16
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.53	Nonpriority creditor's name and mailing address NEW SOLID INTERNATIONAL 11F-3 NO. 189, CHI HSIEN 2nd Road KAOHSIUNG, TAIWAN ROC	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$808,138.28
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.54	Nonpriority creditor's name and mailing address NEWAY PACKAGING CORP. PO BOX 31001-2261 PASADENA, CA 91110-2261	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,243.28
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.55	Nonpriority creditor's name and mailing address NUMARK TRANSPORTATION PO BOX 3020 SAN LEANDRO, CA 94578	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$692.50
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.56	Nonpriority creditor's name and mailing address Paketo Int'l. & Full Star Co., Ltd. 16 Jhongy1 2nd St., Rende District Tainan, 71753, Taiwan	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,613,383.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	R.B. Dwyer Co., Inc.	Case number (if known)	1:23-bk-01420
Name			
3.57	Nonpriority creditor's name and mailing address PINNACLE ROLLER CO 2147 SPRING GROVE AVE CINCINNATI, OH 45214	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,690.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address PITNEY BOWES PURCHASE POWER P.O. BOX 371874 PITTSBURGH, PA 15250-7874	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$479.39
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address Principal Life Ins. Co. P.O. Box 10372 Des Moines, IA 50306-0372	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$782.78
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address PRIORITY-1, INC PO BOX 840808 DALLAS, TX 75284-0808	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,700.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	Nonpriority creditor's name and mailing address PROSPERITY FUNDING, INC. PO BOX 601959 CHARLOTTE, NC 28260	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$128,631.46
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.62	Nonpriority creditor's name and mailing address RAYMOND HANDLING SOLUTIONS, INC 1801 W OLYMPIC BLVD FILE 1700 PASADENA, CA 91199-1700	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,595.82
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address RH Courtright, LLC c/o Kevin M. Walsh, Jr., Esquire 600 Third Avenue Kingston, PA 18704-5815	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$151,198.03
		<input checked="" type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: <u>Guaranty of affiliate lease obligation</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	R.B. Dwyer Co., Inc.	Case number (if known)	1:23-bk-01420
Name			
3.64	Nonpriority creditor's name and mailing address Safety-Kleen Systems, Inc. P.O. Box 7170 Pasadena, CA 91109-7170	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,148.10
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.65	Nonpriority creditor's name and mailing address SHRED-IT USA PO BOX 101007 PASADENA, CA 91189-1007	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$269.85
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.66	Nonpriority creditor's name and mailing address SIEGWERK P.O. BOX 759273 BALTIMORE, MD 21275-9273	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,658.52
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.67	Nonpriority creditor's name and mailing address SMYTH COMPANIES LLC 5417 S. 37TH STREET PHOENIX, AZ 85040	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18,480.12
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.68	Nonpriority creditor's name and mailing address SOCOPAC CO 3516 SEAGATE WAY, SUITE 150 OCEANSIDE, CA 92056	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,356.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.69	Nonpriority creditor's name and mailing address STAPLES ADVANTAGE P.O. BOX 660409 DEPT LA DALLAS, TX 75266-0409	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$168.27
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.70	Nonpriority creditor's name and mailing address SUNTECK TRANSPORTATION CO, LLC 4500 SALISBURY ROAD SUITE 305 JACKSONVILLE, FL 32216	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,850.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.71	Nonpriority creditor's name and mailing address SYSPRO IMPACT SOFTWARE INC 1775 FLIGHT WAY, SUITE 150 TUSTIN, CA 92782	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,000.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address TFORCE WORLDWIDE PO BOX 7410328 CHICAGO, IL 60674-0328	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,600.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	Nonpriority creditor's name and mailing address TRACO MANUFACTURING 620 SOUTH 1325 WEST OREM, UT 84058	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$191.28
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address U.S. Attorney for the Middle Dist. of Pennsylvania 235 N. Washington Avenue, Suite 311 Scranton, PA 18503	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: FOR NOTICES PURPOSES ONLY	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address ULINE PO BOX 88741 CHICAGO, IL 60680-1741	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,503.62
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address ULTRAPAK PO BOX 2604 BUFFALO, NY 14240-2604	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,391.23
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.77	Nonpriority creditor's name and mailing address UNITED PARCEL SERVICE - 8E9718 P.O. BOX 650116 DALLAS, TX 75265-0116	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,007.83
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.78	Nonpriority creditor's name and mailing address USF REDDAWAY, INC. 77720 SW MOHAWK ST. BLDG H P O BOX 1300 TUALATIN, OR 97062	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,462.34
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.79	Nonpriority creditor's name and mailing address VERIZON WIRELESS PO BOX 660108 DALLAS, TX 75266-0108	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$464.73
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.80	Nonpriority creditor's name and mailing address VETAPHONE A/S FABRIKSVEJ 11 DK-6000 KOLDING, DENMARK	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,681.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.81	Nonpriority creditor's name and mailing address WELLS FARGO VENDOR FIN SERV PO BOX 030310 LOS ANGELES, CA 90030-0310	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,383.84
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.82	Nonpriority creditor's name and mailing address WESTERN EXTERMINATOR CO 311 N. CRESCENT WAY ANAHEIM, CA 92801-6709	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,508.20
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.83	Nonpriority creditor's name and mailing address XPO LOGISTICS FREIGHT INC 29559 NETWORK PLACE CHICAGO, IL 60673-1559	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,823.13
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.84	Nonpriority creditor's name and mailing address Zing Zang, LLC Brent Albertson, President 400 Michigan Ave., Suite 1300 Chicago, IL 60611	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100,000.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 Craig Dashiell, Esquire Lowenstein Sandler LLP 390 Lytton Avenue Palo Alto, CA 94301	Line <u>3.84</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts
5a. \$ 564,759.00

5b. Total claims from Part 2

5b. + \$ 5,803,045.52

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 6,367,804.52

Fill in this information to identify the case:

Debtor name R.B. Dwyer Co., Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known) 1:23-bk-01420

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Vehicle Lease

State the term remaining

List the contract number of any government contract

**BMO Harris Bank, N.A.
300 E. John Carpenter Freeway
Irving, TX 75062-2712**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Separation Agreement

State the term remaining

List the contract number of any government contract

David Conley

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.3. State what the contract or lease is for and the nature of the debtor's interest

Master Equipment Lease and Financing Agreements - Master Agreement Number
2709417374

Schedule Number
2709417374000003
Schedule Number
2709417374000004
Schedule Number
2709417374000005
Schedule Number
2709417374000006
Schedule Number
2709417374000007
Schedule Number
2709417374000008
Schedule Number
2709417374000009

State the term remaining

List the contract number of any government contract

**HEWLETT-PACKARD FINANCIAL SERV
P.O. BOX 402582
Atlanta, GA 30384-2582**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Commercial Lease

State the term remaining

10/31/23

List the contract number of any government contract

**MS Partners (MS Industrial)
80-634 Hermitage
La Quinta, CA 92253**

Fill in this information to identify the case:

Debtor name R.B. Dwyer Co., Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known) 1:23-bk-01420

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 James B. Dwyer

Crestmark, Div. of Metabank

D 2.1

E/F _____

G _____

2.2 James B. Dwyer

Oxygen Funding, Inc.

D 2.2

E/F _____

G _____

2.3 James B. Dwyer

Retail Capital, LLC

D 2.3

E/F _____

G _____

2.4 James B. Dwyer

HEWLETT-PACKARD FINANCIAL SERV

D _____

E/F _____

G 2.3

2.5 James B. Dwyer

MS Partners (MS Industrial)

D _____

E/F _____

G 2.4

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: **Codebtor** Column 2: **Creditor**